2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# 742009

Entity Name: HARVEST FIRE WORSHIP CENTER, INC.

Current Principal Place of Business:

2260 NW 183RD STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2260 NW 183RD STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 31-1603931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARKE, DONALD F REV
395 NE 154 ST
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	CLARKE, HELGA	
Address:	395 NE 154TH STREET	
City-St-Zip:	MIAMI, FL 33162	
Title:	PD	( ) Delete
Name:	CLARKE, DONALD F.(RE, V.)	
Address:	395 NE 154 ST	
City-St-Zip:	MIAMI, FL 33162	
Title:	SD	( ) Delete
Name:	WILLIAMS, BYRON E.,	
Address:	21011 NE 13TH PL	
City-St-Zip:	MIAMI, FL	
Title:	ATSD	( ) Delete
Name:	HARVEY, HYGLIVE, D,	
Address:	2451 NW 180 TERR	
City-St-Zip:	MIAMI, FL	
Title:	TD	( ) Delete
Name:	GOLDSON, ASTON	
Address:	3500 NW 38 TERRACE	
City-St-Zip:	MIAMI, FL 33055	
Title:	D	( ) Delete
Name:	WRAY, VICTOR	
Address:	3754 NW 209TH TERRACE	
City-St-Zip:	CORAL CITY, FL 33055	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	WILLIAMS, BYRON E.,	
Address:	21011 NE 13TH PL	
City-St-Zip:	MIAMI, FL 33179	
Title:	ATSD	(X) Change ( ) Addition
Name:	HARVEY, HYGLIVE, D,	
Address:	967 NE 145 STREET	
City-St-Zip:	MIAMI, FL 33161	
Title:	TD	(X) Change ( ) Addition
Name:	GOLDSON, ASTON	
Address:	3500 NW 38 TERRACE	
City-St-Zip:	LAUDERDALE LAKES, FL 33309	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASTON GOLDSON TD 04/27/2004

Electronic Signature of Signing Officer or Director — Date

LENA SAMPSON / DIRECTOR
1270 NW 175 TERRACE
MIAMI, FL 33169